

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (1-00)

Approved for use through 09/30/00, OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

WITHOUT FEE OR OATH

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231  
Box: REISSUE

Attorney Docket No.	IWA-126-USAP
First Named Inventor	Chikao NISHINO
Original Patent Number	5,814,634
Original Patent Issue Date (Month/Day/Year)	09/29/1998
Express Mail Label No.	

## APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS

1. ☐ \*Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.9 and 1.27.
3. ☒ Specification and Claims (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52) (submitted  
Original U.S. Patent without signature)
6. ☒ Offer to Surrender Original Patent (37 C.F.R. § 1.176)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
7. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53 or 54)  
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

## ACCOMPANYING APPLICATION PARTS

8. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
9. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
10. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ Other: .....

## 14. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

Name	Ronald R. Snider Snider & Associates				
Address	PO Box 27613				
City	Washington	State	DC	Zip Code	20036-7613
Country	USA	Telephone	202-347-2600	Fax	202-347-7870

NAME (Print/Type)	Ronald R. Snider	Registration No. (Attorney/Agent)	24,962
Signature	<i>Ronald R. Snider</i>	Date	9/28/2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

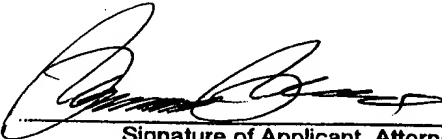
## MANUAL OF PATENT EXAMINING PROCEDURE

PTO/SB/56 (12-97)

Approved for use through 9/30/00. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 26	Total Claims (37 CFR 1.16(j))	(B) 26	**** 6 =	x \$	=	or x \$ 18.00	108.00	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 2	* =	x \$	=	x \$	=	
Basic Fee (37 CFR 1.16(h))				\$		\$ 690.00		
Total Filing Fee				\$		OR \$ 798.00		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or x \$	=
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=	x \$	=
Total Additional Fee				\$		OR \$		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p>								
<p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.</p> <p>A duplicate copy of this sheet is enclosed.</p>								
<p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p>								
<p>2/29/00</p> <p>Date</p>		<p></p> <p>Signature of Applicant, Attorney or Agent of Record</p>						
		<p>Ronald R. Snider</p> <p>Typed or printed name</p>						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JC796 U.S. PTO  
09/672146  
09/26/00